

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 262

### 1. PLACE OF DEATH:

County Southern  
City or town Pocomoke City  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(If new home, give residence of mother)  
State Md  
City or town Pocomoke City Md (Rural)  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (a) FULL NAME

Charles Edward Almond

### 3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept 22nd 1948

8. AGE:

Years

Months

Days

If less than one day

22

14

hrs.

min.

9. Birthplace

Pocomoke City Md RR#1  
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

18. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Dec 7 1948 (Date rec'd by registrar)

Mrs Clayton Harris Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6th 1948 at 7:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I saw him die on Dec 6th 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Antonio Sr. M.D. M. D. or other  
Address Pocomoke City Md Date signed 12/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and accurately.

RECEIVED

DEC 8 1948

BUREAU V. B.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

12794  
265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crossfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 hour  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Md. County Somerset  
 City or town Marion Sta. Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Minnie Mae Anderson

## 3. (b) Social Security Number

212-18-6655

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Fe. Col. Widowed

6. (b) Name of husband William Anderson7. Birth date of deceased (mo., day, yr.) June 4 18838. AGE: 65 Years Months Days If less than one day hrs. min.9. Birthplace Marion Sta., Md. Somerset  
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Alexander Whittington13. Birthplace Marion Sta., Md.14. Maiden name Candis Marney15. Birthplace Marion Sta., Md.16. Informant John WhittingtonAddress Marion Sta., Md.17. Burial Date thereof Dec. 22 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory WesleyLocation Marion Sta., Md.18. Funeral director Norma J. WardAddress Marion Sta., Md.19. Dec. 21 48 Betty Marney  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 48, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION

Crowning Disease

Due to \_\_\_\_\_

Due to Chronic HypertensionOther conditions Chronic Kidney Disease Heart

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

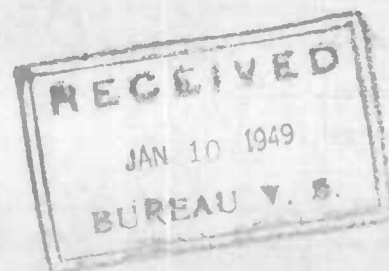
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Grace E. Coulburn John D. Pugh  
M. D. or other \_\_\_\_\_Address Marion Sta., Md. Date signed Dec 20 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Marion  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Rural, Marion  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Marion  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

EMMA FRANCES BYRD

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife George Byrd  
 6. (c) If alive, give age 86 years  
 7. Birth date of deceased (mo., day, yr.) December 11, 1874  
 8. AGE: Years 74 Months 0 Days 2 If less than one day  
 hrs. min.

9. Birthplace Pocomoke, Worcester, Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business  
 12. Name Smith Henry Long  
 13. Birthplace Pocomoke City, Md.  
 14. Maiden name Sarah (unknown) Long  
 15. Birthplace Pocomoke City, Md.  
 16. Informant Mr. George Ward  
Marion, Md.

17. Burial Date thereof Dec. 15, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cemetery, Wesley  
 Location Marion Station, Md.  
 18. Funeral director H. Harvey Bradshaw  
 Address Crisfield, Md.

19. Dec 15 19 48 Janice Ekins  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 19 48 at 2:15 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19 48 to Dec 13 19 48  
 and that I last saw him alive on Dec 13 19 48  
 Immediate cause of death Acute MI  
 DURATION 2 1/2 hrs  
 Due to Coronary artery  
 Due to arteriosclerosis  
 Other conditions  
 (Include pregnancy within 3 months of death)  
 Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Emory C. Coulton, M.D. M. D. or other  
 Address Marion, Somerset Date signed Dec 15 48





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12796

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County SomersetCity or town Princess Anne Bnle 1  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 mths

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne Bnle 1  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Louella Francis Cannon

## 3. (b) Social Security Number

4. Sex 7 5. Color or race Col 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) March 13 1948 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 9 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Somerset County, Md  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Her man Cannon13. Birthplace Somerset Co., Md.14. Maiden name Dorothy Corbin15. Birthplace Chester Poo16. Informant Marethy CorbinAddress Princess Anne Bnle 117. Burial Date thereof 12-22-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. MarkLocation Princess Anne Bnle 1, Md.18. Funeral director William A. James Jr.Address Princess Anne, Md.19. 12/22/48 19 48 R. N. Johnson M.D.  
(Date rec'd by registrar) (Signature of Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 19 48 at 5:44 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12th 19 48 to Dec 21 19 48and that I last saw h. or alive on Dec 10th 19 48

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Acute Bronchitis 6 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Edgar E. Mawman M. D. or other \_\_\_\_\_Address Princess Anne, Md. Date signed 12-21-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 27 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Born WOSTR. Co.  
6-5-48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

12797

1570

## 1. PLACE OF DEATH:

County... Somerset  
City or town... Princess Anne Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State... Maryland County... Somerset  
City or town... Rural - Princess Anne Rd  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Mary E. Corbin

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

Cauc

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

None

## 7. Birth date of

deceased (mo., day, yr.)

June 1948

6. (c) If alive, give age... years

## 8. AGE:

Years

Months

Days

If less than one day

0

6

23

hrs.

min.

## 9. Birthplace

Wost. Maryland

(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

MOTHER FATHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19.

(Date rec'd by registrar)

12/27

1948

R. W. Johnson, M.D.

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec 26 1948 at 11 A M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw alive on

## Immediate cause of death

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address

Date signed

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

RECEIVED  
DEC 29 1948  
BUREAU U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. *260*

1. PLACE OF DEATH: **Somerset**  
 County **Rural, Westover**  
 City or town **Lifetime**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County **Somerset**  
 City or town **Rural, Westover**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **Route #2**  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

3. (a) FULL NAME **ROBERT SAMUEL FINNEY**

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, married, widowed, or divorced **Married**  
 6. (b) Name of husband or wife **Clara Webb Finney**  
 7. Birth date of deceased (mo., day, yr.) **Month & day Unknown 1898**  
 8. AGE: Years **50** Months **?** Days **?** It less than one day **hrs. min.**

9. Birthplace **Westover, Somerset, Md.**  
 (Town, county, and state)  
 10. Usual occupation **Farm Laborer**  
 11. Industry or business **Robert Finney**  
 12. Name **Somerset County, Md.**  
 13. Birthplace **Polly Dennis**  
 14. Maiden name **Somerset County, Md.**  
 15. Birthplace **John Finney**  
 16. Informant **Rehobeth, Md.**  
 Address

17. **Burial** Date thereof **Dec. 6, 1948**  
 (Burial, cremation, or removal. Which?)  
 Cemetery **Revelle's Neck**  
 Location **Westover, Md. Rt 2.**  
 18. Funeral director **H. Harvey Bradshaw**  
 Address **Crisfield, Md.**

19. *12/7* is *48* *R. V. Johnson M.D.*  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **Dec 3** 19 **48** at **220 P.M.**  
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **Dec 3** 19 **48** to **Dec 3** 19 **48**  
 and that I last saw him on **Dec 3** 19 **48**  
 Immediate cause of death **Coronary thrombosis**

Due to **Myocardial infarction**  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.  
 Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE *Frank Mat us hub*  
 Address *Business Anne* Date signed *12/6/48*  
 M. D. or other

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 760

## 1. PLACE OF DEATH:

County Somerset  
 City or town Mauskin  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 76 yrs. 7 mos. 18 days  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset  
 City or town Mauskin  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Daniel Webster James Hall

## 3. (b) Social Security Number

4. Sex M. 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of ~~husband~~ wife Erene Hall

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 12, 1872

8. AGE: Years 76 yrs. Months 7 Days 18 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Mauskin, Somerset, Md.  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Wesley Hall13. Birthplace Mauskin, Md.14. Maiden name Alice Handy15. Birthplace Laurensia, Md.16. Informant Erene HallAddress Mauskin, Maryland17. Burial Date thereof Jan 2, 1949  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory MauskinLocation Mauskin, Md.18. Funeral director Norma J. HardyAddress Marion Sta., Md.19. Dec 31 1948 At Plains, Md.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1948 at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1948, to Dec 30 1948, and that I last saw him alive on Dec 29 1948.

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cerebral Haemorrhage 9 monthsDue to Hypertension 3 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Ellen G. Mawman D. or other \_\_\_\_\_Address Princess Anne, Md. Date signed 12-31-48

RECEIVED

JAN 4 1949

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12800

Reg. Dist. No. 241

## 1. PLACE OF DEATH:

County Somerset CountyCity or town Marion Station, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Marion Station, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Elizabeth Hayman

## 3. (b) Social Security Number

4. Sex Female5. Color or race Colored6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife George HaymanSomerset County

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

93 1855 3 6 hrs. min.9. Birthplace Somerset County  
(Town, county, and state)10. Usual occupation General housework

11. Industry or business

12. Name Herward Hickman13. Birthplace Somerset County14. Maiden name Elizabeth Hickman15. Birthplace Somerset County16. Informant Malcom HaymanAddress Marion Station, Md.17. Burial Date thereof Dec. 10, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Watson's ChapelLocation Somerset County18. Funeral director Geo W. KilgusAddress Marion Station, Md.19. Dec 10 1948 Betty Massey  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 19 48 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

DURATION

Crowning Disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work? acting as23. SIGNATURE Geo W. Kilgus M. D. or otherAddress Marion Station, Md. Date signed Dec 8, 1948



CERTIFICATE OF DEATH



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset  
 City or town Marion  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 9 years  
 Hospital, institution, or street address where death occurred:  
Sunset Nursing Home  
 How long in hospital or institution? 1 month

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Westover  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

GEORGE W. JONES

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Irene Johnson Jones  
 7. Birth date of deceased (mo., day, yr.) July 4, 1862  
 6. (c) If alive, give age 77 years  
 8. AGE: Years 86 Months 5 Days 23 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Snow Hill-Worcester-Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas Jones

13. Birthplace Worcester County, Md.

14. Maiden name Sarah E. Truitt

15. Birthplace Worcester County, Md.

16. Informant Mrs. Irene Johnson Jones

Address Marion, Maryland

17. Burial Date thereof Dec. 29, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location Marion, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Dec. 29 19 48 Betty Mason  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 48 at 7:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 19 48 to Dec 27 19 48

and that I last saw him alive on Dec 26 19 48

Immediate cause of death \_\_\_\_\_

Artery Heart

Due to \_\_\_\_\_

Due to Artery Heart

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE George B. Coulburn M. D. or other

Address Dec 30 48 Date signed \_\_\_\_\_



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

### 1. PLACE OF DEATH:

County Somerset  
City or town Wernon Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Somerset  
City or town Wernon Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. RFI #2  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Martha Oledia Nichols Jones

### 3. (b) Social Security Number

4. Sex Female 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Thomas Jones Jr

7. Birth date of deceased (mo., day, yr.) October 16, 1928 6. (c) If alive, give age 26 years

8. AGE: Years 20 Months 2 Days 11 If less than one day hrs. min.

9. Birthplace Rockaculkin, Maryland  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Gray Howard Nichols

13. Birthplace Chesapeake, Maryland

14. Maiden name Marion Louise Field

15. Birthplace Eden, Maryland

16. Informant Susie Nichols

Address RFI #2, Leesburg, Md.

17. Burial Date thereof 12-31-48  
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Quaker Mountain

Location Quaker Mountain

18. Funeral director Paul J. Smith

Address Quaker Mountain

19. 12/29 1948  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1948 9P

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 1948 to 1948

and that I last saw him alive on 1948

Immediate cause of death Gun-shot wound of chest

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/27/48

Where did injury occur? Parsons Lane Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Gun-shot Injured at work?

23. SIGNATURE Wm. M. Seiffert Sr  
M. D. or other

Address Parsons Lane Date signed 12/28/48

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12802

184

RECEIVED

DEC 31 1948

BUREAU V. 5.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

265

## 1. PLACE OF DEATH:

County.....*Somerset*  
 City or town.....*Camfield*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....*3 days*  
 Hospital, institution, or street address where death occurred:  
*Inc Breadly Hospital*  
 How long in hospital or institution?.....*3 days*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*md* County.....*Somerset*  
 City or town.....*marion*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*Job Jones*

## 3. (b) Social Security Number

4. Sex

*Male*

5. Color or race

*C*

6. (a) Single, married, widowed, or divorced

*Widowed*8. (b) Name of husband or wife.....*on known*

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

*Dec. 4, 1863*

8. AGE:

*85*

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....*Kingston Somerset md*  
(Town, county, and state)10. Usual occupation.....*laborer*

11. Industry or business

MOTHER FATHER

12. Name

*Unknown*

13. Birthplace

*Fossett Jones*

14. Maiden name

*Kingston, Md.*

15. Birthplace

*Alfred Davis*

16. Informant

*Marion Sta., Md.*

17. (Burial, cremation, or removal. Which?)

*Burial*Date thereof.....*Dec 21, 1948*  
(month) (day) (year)Cemetery or crematory.....*Branch*Location.....*marion*18. Funeral director.....*Norma J Ward*Address.....*Marion md*

19. (Date rec'd by registrar)

*Dec. 18, 1948**Betty Massey*

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Dec 17*.....19.....*48*.....at.....*3:30*.....*P*.....M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Dec 1*.....19.....*48*.....to.....*Dec 17*.....19.....*48*  
and that I last saw him.....alive on.....*Dec 17*.....19.....*48*

Immediate cause of death.....

*Acute Dec 7 Hunt*

DURATION

Due to.....

*Chronic Int nephritis*Due to.....*Chronic nephritis*Other conditions.....*Suppurative orolarynx*

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

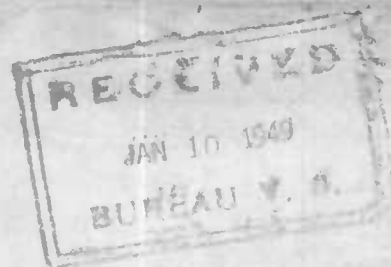
Injured at work?

23. SIGNATURE.....*Dr. G. G. G. G.*

M. D. or other

Address.....*Marion, Md.*

Date signed.....





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

### 1. PLACE OF DEATH:

County Somerset

City or town Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Mary Miles

### 3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

August 15, 1858

8. AGE:

Years

Months

Days

if less than one day

90

4

1

hrs.

min.

9. Birthplace

Somerset County  
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business \_\_\_\_\_

FATHER

12. Name

Agelo APM Wood

13. Birthplace

SOMERSET COUNTY

MOTHER

14. Maiden name

AMANDA

15. Birthplace

SOMERSET COUNTY

16. Informant

MARY KETT CANNON

Address

PRINCESS ANNE, MD.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

12, 21, 48  
(month) (day) (year)

Cemetery or crematory

Oakville

Location

Oakville, Md.

18. Funeral director

William H. Jones Jr.

Address

Princess Anne, Md.

19. (Date rec'd by registrar)

12/30/48

19

R. B. Johnson

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 17, 1948

at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 10, 1948 to Dec. 17, 1948

and that I last saw him alive on Dec. 17, 1948

Immediate cause of death

Chronic Myocarditis

DURATION

3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldon G. M. [Signature]

M. D. or other

Address

Princess Anne, Md.

Date signed

12-18-48

MARGIN RESERVED FOR BINDING

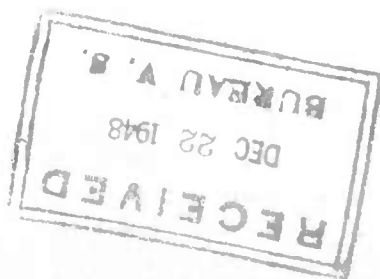
VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12804

93d



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12805

131a

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
137 S. 4th Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Fourth St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

ROBERT IDELL PAGE

## 3. (b) Social Security Number

4. Sex <b>Male</b>	5. Color or race <b>Colored</b>	6. (a) Single, married, widowed, or divorced <b>Single</b>
6. (b) Name of husband or wife		
6. (c) If alive, give age years		
7. Birth date of deceased (mo., day, yr.) <b>Unknown 1885</b>		
8. AGE: Years <b>63</b>	Months	Days
It less than one day hrs. min.		
9. Birthplace <b>Hopewell</b> (Town, county, and state)		
10. Usual occupation <b>None</b>		
11. Industry or business <b>None</b>		
12. Name <b>Robert Page</b>		
13. Birthplace <b>Richmond County, Va.</b>		
14. Maiden name <b>Leh Ward</b>		
15. Birthplace <b>Somerset county</b>		
16. Informant <b>Mr. Alex Page</b> Address <b>Crisfield, Md.</b>		
17. <b>Burial</b> Date thereof <b>Dec. 7, 1948</b> (Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery <b>Cemetery</b>		
Location <b>Hopewell, Md.</b>		
18. Funeral director <b>H. Harvey Bradshaw</b> Address <b>Crisfield, Md.</b>		
19. <b>Dec. 4</b> 19 <b>48</b> (Date rec'd by registrar)		

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 2nd 19 48 at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 19 48 to Dec 2 19 48 and that I last saw him alive on Dec 1 19 48

Immediate cause of death  
Anuria

Due to Chronic nephritis

Other conditions Benign prostatic hypertrophy  
Hypertension  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE C. Rawley M.D.  
Address Crisfield, Md. Date signed 12/4/48

Registrar

RECEIVED

DEC 8 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
City or town Princess Anne, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
City or town Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

IDA POLK

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

APRIL 1 1870

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

75

8

8

hrs.

min.

9. Birthplace

Somerset County, Md.  
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

FATHER

12. Name

William A. Polk

13. Birthplace

Princess Anne, Md.

MOTHER

14. Maiden name

Charlotte W. Polk

15. Birthplace

Princess Anne, Md.

16. Informant

Iola Davis

Address

Princess Anne, Md. R. 37.1

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

12-12-48  
(month) (day) (year)

Cemetery or crematory

John Wesley

Location

Princess Anne, Md.

18. Funeral director

William A. Jones Jr.

Address

Princess Anne, Md.

19.

(Date rec'd by registrar)

12/10

48

R. E. Johnson, M.D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1948 at 7:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1948 to Dec 1 1948

and that I last saw him alive on

Dec 1 1948

Immediate cause of death

Cancer of  
abdomen (stomach)  
unknown

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. M. M.

M. D. or other

Address

Princess AnneDate signed 12/10/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED  
DEC 13 1948  
BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 12807 260

## 1. PLACE OF DEATH:

County Somerset County  
 City or town Princess Anne, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Harcourt James Pusey

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ellen Pusey

7. Birth date of deceased (mo., day, yr.)

Aug 1st, 1889

8. AGE:

59 Years4 Months18 Days55 yearshrs.min.

9. Birthplace

East Princes Anne, Somerset, Md.  
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

Truck Farming

12. Name

Arthur Pusey

13. Birthplace

Princess Anne, Md.

14. Maiden name

Elizabeth C. Pusey

15. Birthplace

Princess Anne, Md.

16. Informant

Mrs. Herman M. Mader

Address

Princess Anne, Md.17. Burial

Date thereof

Dec 25, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Princess Anne Cemetery

Location

Princess Anne, Md.

18. Funeral director

Wale Washell

Address

Princess Anne, Md.19. 12/3048R. H. Johnson M.  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

None

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19th 1948 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948and that I last saw him alive on Nov. 1st 1948Immediate cause of death Coronary ThrombosisDue to This may died suddenly

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur at home No injury

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE J. Smith M.D.Address Princess Anne, Md.Date signed 12/20/48



RECEIVED  
DEC 22 1948  
BUREAU A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: Somerset County  
 City or town: Crisfield, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 McCready Memorial Hospital  
 How long in hospital or institution? 8 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State: Maryland County: Somerset  
 City or town: Marion Station  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.:  
 (If rural, give LOCATION)  
 2(a) If veteran, name war:

3. (a) FULL NAME  
 Hattie T. Pusey

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife: Page Pusey  
 6. (c) If alive, give age: years  
 7. Birth date of deceased (mo., day, yr.): March 31, 1881  
 8. AGE: Years 67 Months 8 Days 23 If less than one day hrs. min.

9. Birthplace: Somerset County, Maryland  
 (Town, county, and state)  
 10. Usual occupation: House Wife  
 11. Industry or business  
 12. Name: J. Fox  
 13. Birthplace: Crisfield  
 14. Maiden name: Jennie Tull  
 15. Birthplace: ?

16. Informant: Mr Isaac Henry Hall  
 Address: Marion Sta, Somerset Co, Md.  
 17. Burial 12/10/1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory: St. Pauls Methodist Cemetery  
 Location: Whites Rd, Marion, Maryland  
 18. Funeral director: Howard G. Gill  
 Address: Pocomoke City, Maryland.  
 19. Dec 9, 1948 Betty Macey Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9, 1948 at 4:30 AM  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 Dec 1, 1948, to Dec 8, 1948,  
 and that I last saw him alive on Dec 7, 1948.  
 Immediate cause of death: Myocardial infarction 7 p.m.  
 DURATION: 2 weeks  
 Due to: Diabetes  
 Due to: Chronic heart disease, nephritis  
 Due to: Chronic heart disease, nephritis  
 Other conditions: none reported  
 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide: Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?  
 23. SIGNATURE: George F. Ballman M.D.  
 Address: 2000 E. Pratt St. M.D. or other  
 Date signed: Dec 9, 1948

RECEIVED  
DEC 28 1943  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12899

### 1. PLACE OF DEATH:

County Somerset  
City or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 days  
Hospital, institution, or street address where death occurred:  
McCready Hospital  
How long in hospital or institution? 2 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
City or town RURAL Marion  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

KATIE ELIZABETH TAYLOR

### 3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife Thurman Taylor, Sr.  
6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) August 30, 1883  
8. AGE: Years 65 Months 3 Days 28 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Marion-Somerset-Maryland  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name James A. Hill  
13. Birthplace Wicomico County, Md.  
14. Maiden name Sarah E. Ford  
15. Birthplace Bairmount, Md.  
16. Informant Thurman Taylor, Sr.  
Address Marion, Maryland  
17. Burial Burial Date thereof Dec. 30, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematorium St. Paul's Cemetery  
Location Marion, Maryland  
18. Funeral director H. Harvey Bradshaw  
Address Crisfield, Maryland  
19. Dec. 29, 1948 Betty Massey  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28, 1948 at 2:50 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24 1948, to Dec 28 1948  
and that I last saw her alive on Dec 27 1948  
Immediate cause of death Acute Dilated Heart  
Due to myocarditis  
Due to Chronic Dilated myocarditis  
Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)  
Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

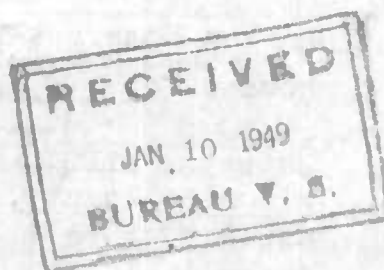
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
23. SIGNATURE George B. Calhoun M.D. M. D. or other \_\_\_\_\_  
Address Marion, Md. Date signed Dec 29 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12810

### 1. PLACE OF DEATH:

County Somerset  
City or town Westover  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? lifetime  
Hospital, institution, or street address where death occurred:  
  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
City or town Westover  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

MATTIE FOOKS TOWNSEND

### 3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
6.(b) Name of husband or wife George T. Townsend  
7. Birth date of deceased (mo., day, yr.) Nov. 4, 1881  
8. AGE: Years 67 Months 1 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Accomac-Accomac-Virginia  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James Satchel  
13. Birthplace Accomac, Va.  
14. Maiden name Mary Ellen Nock  
15. Birthplace Accomac, Va.

16. Informant Mrs. Walden Richards  
Address Princess Anne, Md.

17. Burial Buiral Date thereof Dec. 29, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematorium Manokin Presbyterian Cemetery  
Location Princess Anne, Md.

18. Funeral director H. Harvey Bradshaw  
Address Crisfield, Maryland

19. Dec. 29 19 48 Betty Mason  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 48 at 8:30 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 19 48 to Dec 27 19 48  
and that I last saw him alive on Dec 26 19 48

Immediate cause of death Coronary Disease DURATION 12 hrs

Due to Chronic Degenerative  
Changes in myocardium Years

Due to \_\_\_\_\_

Other condition Genuine Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Lucy E. Bradshaw M. D. or other  
Address Manokin Pk Md Date signed Dec 28 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
JAN 10 1949  
BUREAU V. D.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12811 267

## 1. PLACE OF DEATH:

County Somerset  
 City or town Rehobeth  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Rehobeth  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lovie Helen Turner

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife James Turner  
 6.(c) If alive, give age 66 years  
 7. Birth date of deceased (mo., day, yr.) June 20, 1902

8. AGE: Years 46 Months 6 Days 9 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Somerset County, Md  
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Monroe King

13. Birthplace Marumago, Ind.

14. Maiden name Annie Giles

15. Birthplace Somerset County, Md

16. Informant Annie Giles

Address Rehobeth, Md

17. (Burial, cremation, or removal) Which? Burial Date thereof Jan. 3, 1948

Cemetery or crematory Christ M. R. Cemetery

Location Rehobeth, Md.

18. Funeral director H. Harry Bradshaw

Address Crisfield, Md.

19. Date rec'd by registrar Jan. 3 49 Betty Massey

Register \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH 29 December 48 at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 22 October 1948 to 2 December 48 and that I last saw him alive on 28 December 1948

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Quinia, Quinidine, & salutarin

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. \_\_\_\_\_

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE N. E. Stanton Jr. M. D. or other \_\_\_\_\_

Address Baltimore, Md Date signed 30 Dec 48



M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12812

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
 City or town Princess Anne, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town P.O. Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. - Rural  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Oscar Wainwright

## 3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Carrie Wainwright

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) August 2, 1886

8. AGE: Years 62 Months 4 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Somerset County  
(Town, county, and state)

10. Usual occupation

11. Industry or business Stone12. Name Alford Wainwright13. Birthplace Somerset14. Maiden name Ellen Parker15. Birthplace Worcester County16. Informant John WainwrightAddress Princess Anne, Md. R.F.D.17. Burial Date thereof 12-28-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Talk RoadLocation Princess Anne, R.F.D. 118. Funeral director William H. James Jr.Address Princess Anne, Md.19. 12-28 48 R. H. Johnson M.D.  
(Date rec'd by registrar) (Year) (Signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1948 at 9:00 P.M.21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov. 6, 1948 to Dec. 25, 1948and that I last saw him alive on Dec. 22, 1948

Immediate cause of death \_\_\_\_\_

DURATION

Carcinoma of LungDue to Unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE G. H. Sembley M.D.  
M.D. or otherAddress Salisbury Date signed 12/27/48

RECEIVED

DEC 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12813

Reg. Dist. No. 261

## 1. PLACE OF DEATH:

County Somerset  
 City or town Newport News Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all life  
 Hospital, institution, or street address where death occurred: —  
 How long in hospital or institution? nm

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Kingston  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. —  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war —

## 3. (a) FULL NAME

(SILVER) Silms Earl Williams

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Cleonia Williams  
 7. Birth date of deceased (mo., day, yr.) June 12, 1896  
 8. AGE: Years 52 Months — Days — If less than one day — hrs. — min. —  
 6.(c) If alive, give age 48 years

9. Birthplace Maryland  
 (Town, county, and state)  
 10. Usual occupation General labor work  
 11. Industry or business Farm - Seafood business Mill  
 12. Name George W. Williams  
 13. Birthplace Maryland  
 14. Maiden name Alice Patters  
 15. Birthplace Maryland

16. Informant —  
 Address —

17. Burial Date thereof Jan. 2, 1949  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Waters Chapel  
 Location Kingston

18. Funeral director George W. Williams  
 Address Marion Station Md.

19. Nov. 31, 48 Betty Massey  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1948, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — to — 1948  
 and that I last saw h. — alive on — 1948

Immediate cause of death Cerebral Disease  
 Due to —  
 Due to Chronic Dis. of heart  
Chronic myocarditis  
 Other conditions —  
 (Include pregnancy within 3 months of death)

## DURATION

10.12

Major findings of operations — Date of op. —  
 Autopsy results —  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide — Date of —  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —  
 Means of injury — Injured at work? —  
 23. SIGNATURE Dr. C. Corbett M. D. or other —  
 Address Marion St. Md. Date signed Nov 31 48

948  
52  
873





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

331

83 a

Reg. Dist. No.

12814  
268

## 1. PLACE OF DEATH:

County... Somerset  
 City or town... Princess Anne Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... MARYLAND County... SOMERSET  
 City or town... PRINCESS ANNE  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Octavia Windsor

## 3. (b) Social Security Number

4. Sex... Female 5. Color or race... White 6.(a) Single, married, widowed, or divorced... Widowed  
 6.(b) Name of husband or wife... Wm D. Windsor  
 6.(c) If alive, give age... \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.)... Feb 10 1865

8. AGE: Years... 83 Months... 10 Days... \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace... Wrenoma Md  
 (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business... " "

12. Name... Wm D. White

13. Birthplace... Wrenoma Md

14. Maiden name... Maria Ann Evans

15. Birthplace... Wrenoma Md

16. Informant... Harry Windsor

Address... Princess Anne Md

17. Burial... Burial Date thereof... Dec. 24-48

(Burial, cremation, or removal, which?) \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

Cemetery or crematory... St Johns M.E.

Location... Beal Island Md

18. Funeral director... W. H. H. H. H.

Address... Wrenoma Md

19. (Date rec'd by registrar) Dec. 29 1948 Registrar John T. Whitley

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 29 19 48 at 12:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25, 19 48, to Dec 13, 19 48, and that I last saw him alive on Dec 13, 19 48.

Immediate cause of death... Cerebral Hemorrhage DURATION 1 min.

Due to... hypertension

Due to... generalized arteriosclerosis

Other conditions... degenerative

(Include pregnancy within 3 months of death)

Major findings of operations... \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results... \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE... John T. Whitley M. D. or other \_\_\_\_\_

Address... Princess Anne Md. Date signed 1/3/49

RECEIVED

JAN 21 1949

BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Marion Station  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 21 years  
 Hospital, institution, or street address where death occurred:  
Sterling Nursing Home  
 How long in hospital or institution? 3 weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Marion Station, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war none

## 3. (a) FULL NAME

Emma Elizabeth Woodland

## 3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed  
 6. (b) Name of husband or wife Alexander Roy  
 7. Birth date of deceased (mo., day, yr.) Nov. 27, 1900 6. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 48 Months 15 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Chestertown, Md.  
 (Town, county, and state)  
Postmaster

10. Usual occupation \_\_\_\_\_

11. Industry or business U.S. Gov't.12. Name Horace Reed13. Birthplace Md.14. Maiden name Mary E. Parks15. Birthplace Md.16. Informant Betty J. WardMarion Station, Md.

Address \_\_\_\_\_

17. Burial Date thereof 12/15/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory M.E. CemeteryLocation Chestertown, Md.18. Funeral director Hubbard & Covington,Crisfield, Md.

Address \_\_\_\_\_

19. Dec 15 19 48 Janice E. Spire  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1948 19 48 at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 19 48 to Dec 12, 19 48and that I last saw him alive on Dec 11, 19 48Immediate cause of death Carcinoma, breast

DURATION

1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE C. G. Rawley, M.D.

M. D. or other

Address Crisfield, Md. Date signed \_\_\_\_\_

RECEIVED  
DEC 22 1948  
BUREAU A. S.